

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number:

10/608855

CLAIMS AS FILED - PART 1

(Column 1) (Column 2)

FOR	MUNDER FREQ	MUNDER EXTRA
BASIC FEE (3) CFR 1.16(a))		
TOTAL CLAIMS (3) CFR 1.16(c))	minus 20 :	
INDEPENDENT CLAIMS (3) CFR 1.16(b))	minus 3 :	
MULTIPLE DEPENDENT CLAIM PRESENT		(3) CFR 1.16(d))

* If the difference in column 1 is less than zero, enter '0' in column 2

SMALL ENTITY	
RATE	FEES
X 1 _____	_____
X 1 _____	_____
X 1 _____	_____
TOTAL	_____

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total C1/C145011	53	53	—
	Independent C1/C145011	7	7	—
FIRST PRESENTATION OF MULTIPLE RELEVANT CLAIMS AT C1/C145011				

FIRST PRESENTATION OF MULTIPLE EXTRADURAL OMEGAS (1981-1982)

SMALL ENTITY	
RATE	ADOL. TAXES, FCC
X 1 _____	
X 1 _____	
X 1 _____	
TOTAL	
ADOL. FCC	

OTHER THAN SMALL ENTITY	
NAME	ADOU TIONAL TEE
X 1	
X 1	
X 1	
TOTAL	
ADOU REC	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENTS		CLAIMS REVERTING AFTER AMENDMENT		
	Total revert claims	—	Minus	—
	as longer claims	—	Minus	—
			...	—

FIRST PRESENTATION OF MULTIPLE DERMATOGRAPHIC ERUPTION

RATE	ADOL TIONAL FEE
R. 5. _____	
R. 1. _____	
R. 1. _____	
<u>TOTAL</u> <u>ADOL FEE</u>	

ROUTE	ADDITIONAL FEE
X 1 _____	
X 1 _____	
X 1 _____	
TOTAL	
ADDL FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING IN THE FILE	AMOUNT PAID FOR THIS CLAIM	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	AMOUNT PAID FOR THIS CLAIM	AMOUNT PAID FOR THIS CLAIM
Independent	1	100	100	100	100	100
Dependent	1	100	100	100	100	100

FIRST PRESENTATION OF MULTIPLE DERMATOLOGICAL SIGNS

DATE	ADDITIONAL FEE
X 4 _____	
X 4 _____	
4 4 _____	
TOTAL CHARGE	

RATE	ADDITIONAL FEE
R.F. <u> </u> %	
A.F. <u> </u> %	
TOTAL	
CODE	

• If the entry in column 1 is less than the entry in column 2, then swap the two columns.

** If the highest number previously paid for at this space is less than the entry in column 2, write '0' in column 3.

If the "Highest Number Previously Paid for" in this space is less than 20, enter 20.

The **total number** of **people** (including **children**) **present** in **THIS SPACE** is less than 2, enter '0'

This application is being filed under 35 U.S.C. 111. The information is required to obtain or retain a benefit of the public which is to be had by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. The applicant is estimated to take 12 months to complete including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent by the Office of Information and Regulatory Affairs, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OMB Control Number 1015-0156. 1015-0156. 1015-0156. 1015-0156. 1015-0156.